

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria 7704004713.

Mob. - 9415009599, 9336531183

ESTIMATE

Owner's Name..... AKHAND YADAV

Address..... Deoria

Phone..... 9519618246

Job No.

Date..... 02.02.26

Chasis No.

Engine No.

Key No.

Regn. No. ... UP57.BZ.192

Speedmeter Redg.

Insurance No.

Model..... Spa

Dear Sir,

Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1	R.R. fender	1PC	1000	1000	
2	Washon light	1PC	50	50	
3	T/L	1PC	390	390	
4	Seat Cool - L/R	2PC	450	900	
5	Center	1PC	250	250	
6	F. Fender -	1PC	1500	1500	
7	Vixer	1PC	890	890	
8	HIC	1PC	560	560	
9	Handle	1PC	550	550	
10	Line (R)	1PC	100	100	
11	F. Window (R)	1PC	250	250	
12	R.R. Window (L)	1PC	250	250	
13	F. Door Panel	1PC	600	600	
14	पुस्तक - देवता Repair	—	—	1550	
15					
16					
17					
18					
19	Labour			600	
20					
21					
22					
23					
24					
25					
TOTAL				<u>9440</u>	

- Note: 1. If required, labour for above material shall be charged extra.
 2. Price of parts are subject to change without notice.
 3. VEHICLE DELIVERY AGAINST PAYMENT ONLY.
 4. All Disputes Subject to Deoria Jurisdiction only.

Ganpati Automobile
 For - Ganpati Road
 OPP. D.P. N. GIC
 DEORIA
 Mob. 7704004713

• I/We agree with the conditions and approve the estimate.

Customer's Signature.....

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

Sir / महोदय ,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	AKHAND YADAV & 9519618246
2	Vehicle No. / वाहन संख्या	UP52 BZ 1098
3	Policy No. / पालिसी संख्या	MS/2025/3001/0/46575/458198
4	Period of Insurance / बीमा अवधि	26/07/2025 to 25/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/01/2026 & 05:30PM
6	Place of Accident / दुर्घटना का स्थान	द. मुली रोड
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BIRENDRA PRATAP YADAV & UP5220210009354 - 9519618246
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : न्यू जालेरी से द. मुली जा रहे थे और रात में द. मुली रोड से एक दुकान के सामने में जरी गयी लडी लिये से तभी अचानक नगर पहिया बटन से गैर गायी लगे सिद्धे से टक्कर मार दिया और गैरी गयी सामने डीकेसा रस्ता या पासमें जा के टक्कर रथा के सामे साई गीट के घटियात हो गयी		
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Granpati Automobiles Purwa देवरिया & 7651989597

Date / दिनांक : 02/02/26
हस्ताक्षर

अखण्ड यादव

Signature of Insured / बीमाधारक के

अखण्ड यादव





The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____ Certificate/Policy No. MS/2025/7001/0/46575/458/88
 Tel. No. _____ Period of Insurance 26/07/2025 to 25/07/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED
 (a) Name : AKHAND YADAV
 (b) Address for correspondence : AMAOW
 (c) Telephone : 9519618246

2. THE INSURED VEHICLE

Make & Year <u>Hero-2024</u>	Engine No. * <u>06432</u> Chassis No. * <u>05299</u>	Registration No. <u>UP52BZ1098</u>
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(a) Was the vehicle in proper working condition? YES
 (b) For what purpose was the vehicle being used at the time of accident? Personal Used
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

(a) Registered laden weight : _____
 (b) Unladen Weight : _____
 (c) Weight of goods carried/Load Challan No. : _____
 (d) Nature of permit : _____
 (e) Nature of goods carried : _____
 (f) Was the vehicle plying for hire : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : NA
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : BIRENDRA PRATAP YADAV
 (b) Age : 15/07/1997
 (c) Address : AMAZON
 (d) Is the Driver
 1. Owner : NA
 2. paid driver? : NA
 3. Owner's relative or friend? : OWNER'S
 (e) If paid driver, how long has he been in your employment : NA
 (f) Was he under the influence of intoxication Liquor or drugs? : NA
 (g) Driving Licence Number : UP5220210009354
 (h) Issuing Authority : 24/06/2021
 (i) Date of Expiry : 14/07/2037
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : NA
 (l) Has he been involved in any accident before? : NA
 (m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident : NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 28/01/26 @ 05:30 PM
 (b) Place : द. ग्राव - चौरा
 (c) Speed of vehicle at the time of accident : 30 KM/H
 (d) Give a short description of the accident : म्युचुअली से दुर्घटना घटित हुई जो चौराहे में मेटा युनिट चौराहे के पास
 (e) If any third party was responsible for this accident give the name and address : दूसरे वाहन से आया जो गलत नियंत्रण में था

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs : Grandjean Automobiles Purus Denig
 (c) When and where can the damaged vehicle be inspected : 7651989597

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : _____
 (b) Address : _____
 (c) Full Details of personal injury sustained : _____
 (d) Name and address of any person/hospital giving medical attention to injured person : _____
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____ /NA
- (b) If yes, give full details : _____

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
- (b) Did a Police Constable take particulars of The accident? : _____
- (c) Was accident reported to Police? If not, Why? : _____ NA
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

10. THEFT

- (a) Date and Time : _____
- (b) Place : _____
- (c) What was stolen? : _____
- (d) Estimated cost of replacement? : _____
- (e) By whom discovered and reported? : _____ NA
- (f) Has theft been reported to Police? : _____
- (g) When? : _____
- (h) Which Police Station? : _____
- (i) C.R. diary Number : _____

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 21/04/26 200.

Signature of the insured अशोक यादव

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. _____ insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature अरवि कुमार
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BZ1098 Registration Date : 22-Jan-2024
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . 190-274001
Owner Name : AKHAND YADAV Son/wife/daughter of : YOGENDRA YADAV
Full Address: (Permanent) : VILL- AMAOW PO- BARAKA GAON, PS- BARHAJ DEORIA, , DEORIA, UTTAR PRADESH-274601
Full Address: (Temporary) : VILL- AMAOW PO- BARAKA GAON, PS- BARHAJ DEORIA, , DEORIA-UTTAR PRADESH-274601

Fitness UpTo : 21-Jan-2039 Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP.LTD
Front HSRP No : AA1031250629 Rear HSRP No : AA2091782789
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2023
No of Cylinders : 1 Chassis No : MBLHAW223P4L05299
Engine No : HA11E7P4L06432 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Motor's Classification : SPLENDOR+ BLK STRIPE 13Wheel base : 1236
S (DRS)
Seating Cap(in all) : 2 Standing Cap : 0
Steering Cap : 0 Unladen Wt (kgs) : 111
Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of w.e.f.

Purchase dt : 18-Jan-2024 Sale Amt : 76426/-
OTT Date : 18-Jan-2024 Amount/Rcpt No : 7643 / UP52D24010002186
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 24-Jan-2024

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 22-Jan-2024 to 21-Jan-2039

Date: 31-Jan-2024 14:29:04

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 31-Jan-2024

6563563



Package Offer

2025-07-26

Mr./Ms. Akhand Yadav

Vill- Amaow Po- Baraka Gaon,Ps- Barhaj Deoria,,274601

Uttar Pradesh, 274601

Dear Mr./Ms. Akhand Yadav,

It is indeed our pleasure to bring you on-board. We value your support and contribution to our business, and we trust that your experience with our business will bring you the utmost satisfaction.

We shall be assisting you with all the necessary contact details and resources needed to effectively communicate with our business. Your offer details of the program are attached, please feel free to contact us if you have any comments or queries.

We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of our award-winning customer service team, we will ensure you receive real-time solutions and quality products every time.

In case you have to initiate a claim, please contact us at phone no: +91 7941050643 or email: info@motorsathi.com or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. Akhand Yadav, thank you for again for choosing to do business with us. We are grateful for the opportunity to assist you and will work tirelessly to provide our services to you.

We can be reached everyday during 9AM to 7PM at:

Phone No: +91 7941050643

Email: info@motorsathi.com

Website: www.motorsathi.org

GSTIN: 09AAPCM5877M1ZD



Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/458188

Care Private Limited
 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
 Contact: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
Akhand Yadav	2005-07-10	9519618246	YOGENDRA YADAV	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP52BZ1098	HA11E7P4L06432	MBLHAW223P4L05299	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
52500.00	NA	0.00	0.00	0.00	52500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1363.98	
Address			City / District	Pin Code	State	
Vill- Amaow Po- Baraka Gaon, Ps- Barhaj Deoria,,274601				274601	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RATAN YADAV	Male	25 Years	BROTHER	2025-07-26 15:57	Midnight of 2026-07-25	

Option A, VRC: 737.96 TCR: 309.75 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1047.71

Option B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with ST(B): 0.00

Option C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00

Option D, Drive Assure: 268.03 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 48.24 Total with GST(D): 316.27
 Total(Section A+B+C+D) Offered Price After Discount: 1364

Package Period Covered	2025-07-26 To 2026-07-25	2026-07-26 To 2027-07-25	2027-07-26 To 2028-07-25	2028-07-26 To 2029-07-25	2029-07-26 To 2030-07-25
ADV	52500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-01-17 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

RESTRICTIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding or retaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

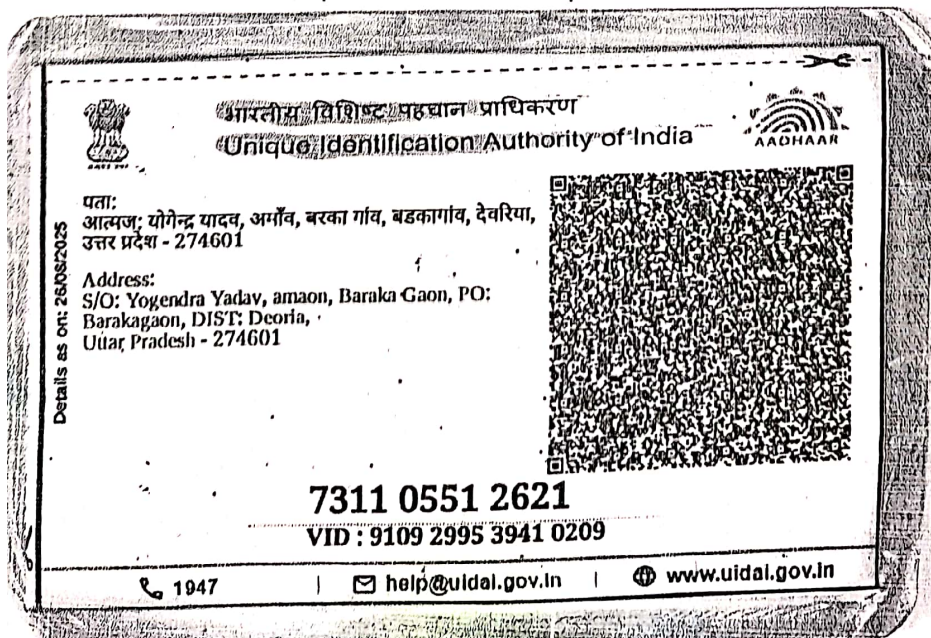
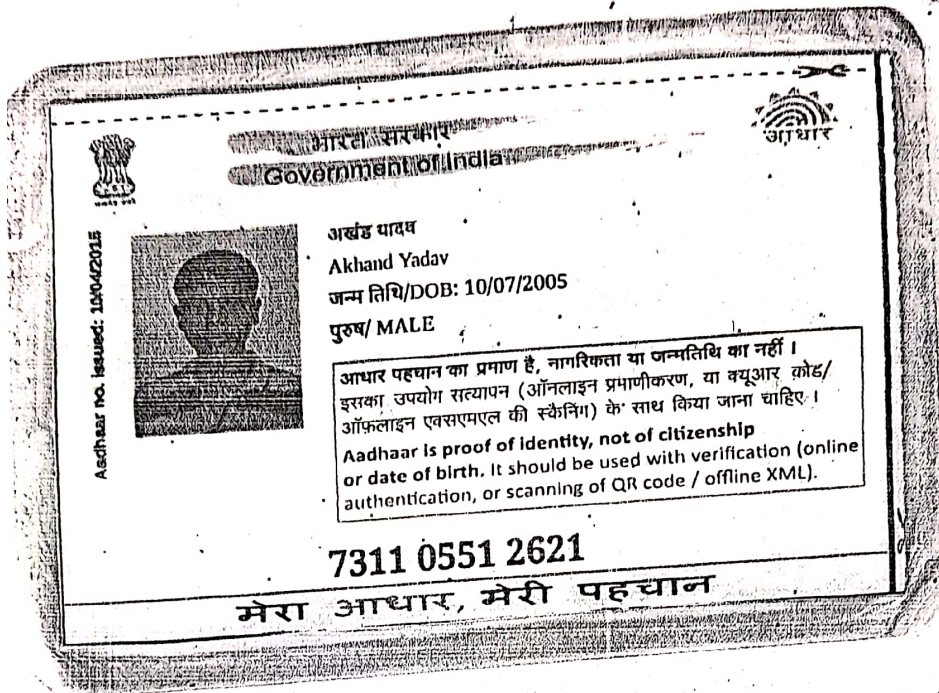
REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 Email id: info@motorsathi.com



IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

Received with Thanks Rs 1363.98 ON 2025-07-26 from Mr./Ms. Akhand Yadav against the ARN No. INCP00458188
 This acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18

Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India





Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20210009354



Issue Date 24-06-2021 Validity (NT) 14-07-2037 Validity (TR) _____



Holder's Signature

Name: BIRENDRA PRATAP YADAV

Date of Birth: 15-07-1997 Blood Group: _____

Organ Donor: N

Son/Daughter/Wife of: MAHESH YADAV

Address:
AMAON PO BADA KAGAON PS BARHAJ
Barhaj, Deoria, UP 274601

Date of First Issue (24-06-2021)

DL No: UP52 20210009354

UPDL000005689366



Invalid Carriage (Regn Numbers) _____

Hazardous Validity _____ Hill Validity _____

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MCWG	MCWG	UP52	24-06-2021	NT			
LMV	LMV	UP52	24-06-2021	NT			
MVSD							

Emergency Contact Number _____

Licensing Authority
UP52 DEORIA

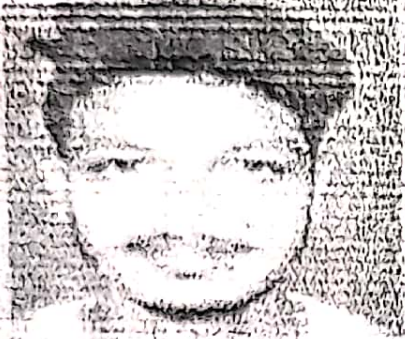
Form 7 Rule 16(2)



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BQMPY6838B

नाम / Name

AKHAND YADAV

पिता का नाम / Father's Name

YOGENDRA YADAV

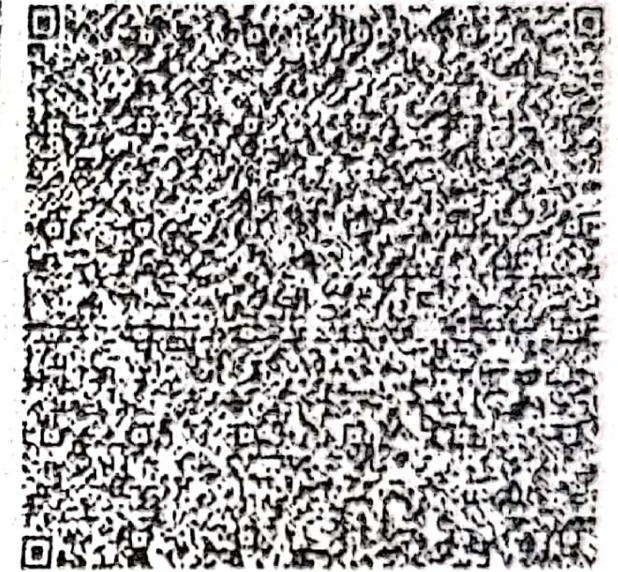
जन्म की तारीख /

Date of Birth

10/07/2005

अरविंद मारव

हस्ताक्षर / Signature



11082023